



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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DHS MEDIA PROTOCOL FOR TENNCARE DISENROLLMENT HEARINGS

The following is the protocol that **MUST** be complied with in order for you to observe TennCare appeals hearings conducted by the Department of Human Services (the "Department"). This protocol is derived from Rule 30 of the Tennessee Supreme Court which governs media access to judicial proceedings in Tennessee.

(1) Because of the Health Insurance Portability and Accountability Act (HIPAA), the Department must restrict the release of private medical information concerning its clients to third parties, which information includes whether or not clients are eligible for TennCare and other aspects involving the person's medical condition and care. Consequently, media coverage of TennCare appeals hearings will only be granted to media outlets that provide the Department with a fully completed HIPAA authorization form executed by the appellant who has agreed to allow the media to attend his or her hearing.

Although the Department will accept any HIPAA authorization that meets the specific requirements set forth in the HIPAA regulations, we have attached the Department's form authorization for your reference.

(2) Media coverage shall be subject, at all times, to the authority of the presiding hearing officer to i) control the conduct of the proceedings before the court; ii) maintain decorum and prevent distractions; iii) guarantee the safety of any party or witness; and iv) ensure the fair and impartial administration of justice in the pending cause.

(3) Requests by representatives of the media for access to a particular hearing must be made in writing to the Department of Human Services

Communications Office not less than two (2) business days before the proceeding is scheduled to begin. The request must include the name of the appellant, the time and location of the hearing, and a **fully completed** HIPAA authorization form executed by the appellant who has agreed to allow the media to attend his or her hearing. That request can be made via fax (615) 313-6665 or e-mail to michelle.moweryjohnson@state.tn.us. The Department is responsible for hearing the appeals for many different government assistance programs such as Families First and Vocational Rehabilitation as well as TennCare. All of these programs have different requirements regarding the privacy of client information. Therefore, in the event that the particular hearing that you have requested to attend will present issues involving programs other than TennCare, please note that the Department may be obligated by law to further limit access to that particular hearing and may require an additional release for those programs.

(4) If you are granted access to a hearing, please note that the presiding hearing officer has the discretion to refuse, limit, terminate, or temporarily suspend, media coverage of an entire case or portions thereof, in order to i) control the conduct of the proceedings before the court; ii) maintain decorum and prevent distractions; iii) guarantee the safety of any party, witness, or juror; and iv) ensure the fair administration of justice in the pending cause.

(5) Media coverage of a witness or party who is a minor is prohibited. If a minor is to testify at a hearing that you are observing, the hearing officer will ask you to leave the hearing room during the minor's testimony.

(6) If you are granted access to a hearing, the following rules apply regarding equipment and personnel in the hearing room:

- (a) Only one television camera and one still photographer using one camera and one audio system for radio broadcast purposes will be permitted in any hearing.
- (b) When more than one request for media coverage is made, the media shall select a representative to serve as a liaison and be responsible for arranging "pooling" among the media that may be required by these limitations on equipment and personnel. The identity of the person selected, including name, business address,

phone and fax number, shall be sent to the Communications Office.

Pooling

arrangements shall be reached when the court is not in session and shall be the sole responsibility of the media without calling upon the presiding judge to mediate any dispute as to the appropriate media representative or equipment authorized to cover a particular proceeding. Such pooling arrangements shall include the designation of pool operators, procedures for cost sharing, access to and dissemination of material, and selection of a pool representative if appropriate. In the absence of advance media agreement on disputed equipment or personnel issues, the presiding judge shall exclude all contesting media personnel from a proceeding.

- (c) Only television, photographic and audio equipment which does not produce distracting sound or light shall be employed to cover proceedings in a court facility. Signal lights or devices to show when equipment is operating shall not be visible. Moving lights, flash attachments, or sudden light changes shall not be used.
- (d) If possible, lighting for all purposes shall be accomplished from existing hearing facility light sources. If no technically suitable lighting exists in the hearing facility, modifications and additions may be made in light sources existing in the facility, provided such modifications and additions are unobtrusive, located in places designated in advance of any proceeding by the presiding hearing officer and without public expense.
- (e) Audio pickup for all purposes shall be accomplished from existing audio systems present in the hearing facility or from a television camera's built-in microphone. If no technically suitable audio system exists in the court facility, microphones and related wiring essential for media purposes shall be unobtrusive and shall be located in places designated in advance of any proceeding by the presiding hearing officer.
- (f) Hearing proceedings shall not be interrupted by media personnel because of a technical or equipment problem. If any problem occurs, that piece of equipment shall be turned off while the proceeding is in session. No attempt shall be made to correct the technical or equipment problem until the proceeding is in recess or has concluded.
- (g) The presiding hearing officer shall designate the location in the hearing room for media equipment and operators to permit reasonable coverage without disruption of proceedings.
- (h) No permanent installation shall be made nor shall any hearing facility be altered.
- (i) During proceedings, operating personnel shall not move about nor make any adjustment or change of any equipment which disrupts or distracts from the proceeding. Media broadcast, photographic or audio equipment shall not be placed in or removed from the hearing facility except prior to commencement or after adjournment of proceedings each day, or during a recess in the proceeding.
- (j) Media personnel assigned to cover a judicial proceeding shall attire and deport themselves in such a way that will not detract from the proceeding.

(7) HEARING OFFICERS WILL NOT GRANT ACCESS TO ANY MEDIA REPRESENTATIVES WITHOUT AUTHORIZATION FROM THE DEPARTMENT'S COMMUNICATIONS OFFICE. YOU WILL NOT BE

**GRANTED ACCESS TO ANY HEARING UNLESS YOU COMPLY
WITH THESE GUIDELINES.**

If you have any questions please contact Michelle Mowery Johnson at (615) 313-4707 or michelle.moweryjohnson@state.tn.us

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health and other information as described below. I understand that this authorization is voluntary. I understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

Appellant's name: _____

SSN: _____

Person/organization(s) providing the information: Tennessee Department of Human Services

Person/organization(s) receiving the information: News media organizations who wish to attend and report about TennCare/Medicaid appeals hearings conducted by the State of Tennessee.

1. **Specific description of the purpose(s) for disclosure of the information is/are:** To permit news media organizations to attend, observe and report what happens in TennCare/Medicaid Appeal hearings conducted by the State of Tennessee in order to inform the public of the TennCare/Medicaid Appeals process.
2. **Specific description of the information to be provided:** Any of my personal health/medical information that is discussed or presented in the hearing and any other information that is discussed or anything that is done in the appeal hearing.
3. I give permission for the news media to: photograph; videotape; audiotape or film my appeal hearing. (**Cross out** any that **do not apply** _____ (Appellant's or Representative's Initials).

The Appellant or the Appellant's Representative must read and initial the following statements:

I understand that my health care, eligibility for health care, or the payment for my health care will not be affected if I do not sign this form. Appellant's or Representative's Initials: _____

I understand that I may see and copy the information described on this form if I ask for it, and that I get a copy of this form after I sign it. Appellant's or Representative's Initials: _____

The Appellant or the Appellant's Representative must read and initial the following statements:

I understand that this authorization will expire on ____/____/____ (DD/MM/YYYY unless I revoke it earlier as stated below). If no date(s) is/are specified above or unless revoked earlier as stated below, this authorization will expire ninety (90) days from the date of the signature below.

Appellant's or Representative's Initials: _____

I understand that I may revoke this authorization at any time by notifying the Tennessee Department of Human Services in writing, but if I do, it won't have any effect on any actions taken before the revocation was received. Appellant's or Representative's Initials: _____

Signature of Appellant or Appellant's Representative**
(Form **MUST** be completed before signing)

Date

Printed name of Appellant's Representative and relationship to the Appellant or other basis of authority:

**There is no need for anyone besides the Appellant to sign this form, unless you are the Appellant's "Authorized Representative". If the Appellant has an Authorized Representative, then the Representative should sign his or her name in the place designated for the "Signature of Appellant or Appellant's Representative". If the Authorized Representative is signing on behalf of the Appellant, he/she must also print his/her name and relationship to the Appellant or other basis of authority to act for the Appellant.

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION